

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

<b>ROBERT ANDREW WERMUTH, #189991,</b>	)	
	)	
<b>Plaintiff,</b>	)	<b>Case No. 2:05cv644</b>
	)	
<b>SHANNON CARROL YOUNGBLOOD, et al.,</b>	)	
	)	
<b>Defendants.</b>	)	

**AFFIDAVIT OF JAMES C. WELCH**

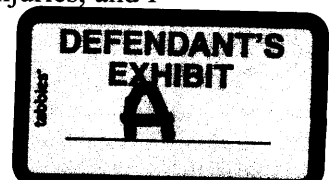
**STATE OF ALABAMA** )

**COUNTY OF MONTGOMERY** )

Before me, a Notary Public in and for said State and County, personally appeared **James C. Welch** and, after first being duly sworn by me, did depose and state as follows:

My name is James C. Welch and I am over nineteen (19) years of age. I am currently employed as a Jail Corrections Supervisor with the Montgomery Police Department, and assigned to the City Jail on Second Shift.

On September 30, 2003 at approximately 3:45 a.m., my partner (M. Deramus) and I were on routine patrol of the Kwik Shop located at 581 North East Boulevard when we were flagged down by one of the clerks who pointed at a red Jeep vehicle in the parking lot. When I approached the vehicle, I noticed that the steering column had been popped and the driver (later identified as Robert Andrew Wermuth) was attempting to start the engine with a screw driver. It was at that time that I asked the driver to exit the vehicle but he kept trying to start the vehicle and refused to acknowledge my commands. I then reached in the vehicle and attempted to remove the subject but, instead, he got the vehicle cranked and drove off while I was still holding onto him. I was dragged approximately thirty (30) feet before I was able to release myself. I struck the pavement several times and received injuries to my right arm and hand. Fire medics responded to the scene and treated my injuries, and I



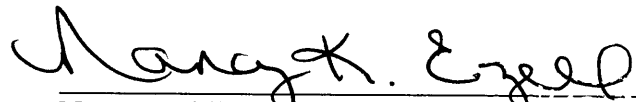
went to Jackson Hospital for further treatment. I was diagnosed with a contusion to the right elbow as well as abrasions to the right hand and arm. <sup>\*Jew 301</sup> My medical expenses in the amount of \$2,282.69 were covered by worker's compensation. A copy of the State of Alabama Employer's First Report of Injury or Occupational Disease is attached hereto as Exhibit A.

A lookout was made for the subject and the red Jeep Cherokee and after a long pursuit the suspect, Robert Andrew Wermuth, was taken into custody and charged with Theft of Property and Assault Attempted Assault I.

Further Affiant saith not.

  
James C. Welch

SWORN to and SUBSCRIBED before me this the 23 day of August, 2005.

  
Notary Public

My commission expires 2-8-2008

\* Follow-up treatment at Alabama Orthopaedic Specialists revealed a fracture to the right head of the radius bone. <sup>Jew 301</sup>

WCC Form 2  
Rev. 1985STATE OF ALABAMA  
EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

Send to: Your workmen's compensation insurance carrier, in duplicate

OSHA CASE OR  
FILE NUMBER

PRINT OR TYPE

Carrier's File No.

EMPLOYER	1. EMPLOYER'S NAME AND MAILING ADDRESS (No. & Street, City, County, State, ZIP)  City of Montgomery P.O. Box 1111 Montgomery, AL 36101-1111				LOCATION, IF DIFFERENT FROM MAILING ADDRESS  Montgomery Police Department P.O. Box 159 Montgomery, AL 36101-0159		Do Not Write in The Space Below
	TELEPHONE NUMBER 334-241-2015						Employer U.C.
	2. EMPLOYER IDENTIFICATION (U.C. ACCOUNT) NUMBER			3. CARRIER OR SELF-INSURANCE REGISTRATION NUMBER			Control Number
	4. NATURE OF BUSINESS (Manufacturing, Trade, Transportation, etc.) Municipal Government			SPECIFIC PRODUCTS Law Enforcement			SIC
	5. WORKMEN'S COMPENSATION PROVIDED BY: INSURANCE CARRIER ( ) SELF-INSURANCE (X) GROUP FUND ( ) IF INSURANCE CARRIER, GIVE NAME AND ADDRESS						Carrier-Fund
EMPLOYEE	6. EMPLOYEE'S NAME (Last)(First)(Middle) Welch, James C.		7. SEX MALE (X) FEMALE ( )	8. AGE [REDACTED]	9. SOCIAL SECURITY NO. [REDACTED]		Soc. Sec. No.
	10. EMPLOYEE'S HOME ADDRESS (No. & Street or RFD, City, County, State, ZIP) [REDACTED]				11. MARITAL STATUS: SINGLE ( ) MARRIED (X) DIVORCED ( ) SEPARATED ( ) WIDOWED ( )		Sex
	12. HOME TELEPHONE [REDACTED]		13. REGULAR OCCUPATION Police Officer		14. WORKING IN WHAT DEPARTMENT WHEN HURT Police		Martial Status
	15. PLACE OF ACCIDENT OR EXPOSURE (Address or location, include County) 565 N. E. Boulevard Montgomery, AL 36109						Dependents
INJURY OR ILLNESS	17. Date of Occurrence 09/30/03		18. TIME OF DAY a.m. (X) p.m. ( ) 3:45		19. Date Disability Began N/A		Age
	16. ON EMPLOYER'S PREMISES? YES (X) NO ( )						Occupation
	20. Date Employer Notified 09/30/03						Event County
	21. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. (E.g., amputation of right index finger at second joint, fracture of 2 ribs, lead poisoning, dermatitis of left hand, etc.) Minor Scratches to right hand and pain and abrasions to right elbow. Right elbow radial head fracture.						On Premises
	22. IF FATAL, GIVE DATE OF DEATH N/A						Event Date
	23. WHAT THING DIRECTLY PRODUCED THIS INJURY OR ILLNESS? (Name object struck against or struck by; vapor, poison, chemical or radiation; if strain or hernia, the thing being lifted, pulled, pushed, etc.; if injury resulted solely from bodily motion, the stretching, twisting, etc. which resulted in injury) Contact with a moving vehicle and pavement						Employer Knew
	24. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Begin by telling what the employee was doing just before the accident or exposure. Be specific. If employee was using tools or equipment, or handling material, name them and tell what employee was doing with them.) While attempting to arrest a subject, POF Welch was drug by the suspects vehicle for several feet resulting in abrasions and injury to his elbow (Now describe fully the events which resulted in injury or illness. Tell what happened and how it happened. Specify how objects or substances were involved. Give full details of all factors which led or contributed to the accident or exposure.)						Injury Source
	25. NAME AND ADDRESS OF TREATING PRACTITIONER Dr. S.D. Lansens 1501 Forest Avenue Montgomery AL 36104						Accident Type
	NAME AND ADDRESS OF HOSPITAL HOSPITALIZED ( ) N/A OUT-PATIENT ( ) EMERGENCY TREATMENT (X)						Nature of Injury
	Part of Body						
WAGE INFORMATION	25. Has Injured Returned to Work? Yes (X) No ( )		27. If so, Date 09/30/03		28. At What Wage? Same		Date of Death
	30. LENGTH OF TIME IN YOUR EMPLOY? 8 years		31. LENGTH OF TIME IN PRESENT JOB 10 Months		32. NUMBER OF DEPENDENTS 0		Stopped Work
	33. Average Weekly Wage		34. Weekly Value of Remuneration Other Than Wages-(Food, Lodging, etc.) \$		35. DID EMPLOYEE RECEIVE FULL PAY FOR DAY OF INJURY? YES (X) NO ( )		Time Employed
	36. Date of this Report 09/30/03		37. Signed by D.W. O'Banion 345		38. Signature [Signature]		Time In Job
	39. Official Position or Title Sergeant						Weekly Wage

EXHIBIT

tabbles

A